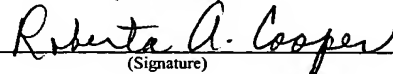


20427 U.S. PTO  
041504

Atty. Dkt. No. 089339-0392

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Nathan H. Faulkner  
Title: ELBOW STACK  
Appl. No.: To be determined  
Filing Date: 04/15/2004  
Examiner: To be determined  
Art Unit: To be determined

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
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Roberta A. Cooper	
(Printed Name)	
	
(Signature)	

1/510 U.S. PTO  
10/825385

041504

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Nathan H. Faulkner  
5306 Highway 215  
Pauline, South Carolina 29374

Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (11 pages including sheet).
- [ X ] Informal drawings (6 sheets, Figures 1, 2, 3, 4, 5 and 6).
- [ X ] Declaration and Power of Attorney (4 pages).
- [ X ] Assignment of the invention to Siemens Energy & Automation, Inc. (2 pages).
- [ X ] Assignment Recordation Cover Sheet.

☒ Check number 13915 in the amount of \$40.00 for Assignment recordation.

☒ Information Disclosure Statement (2 pages).

☒ Form PTO-1449 with copies of 17 listed references (1 page).

☒ Application Data Sheet (37 CFR 1.76) (3 pages).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	20	-	20	= 0	x		\$18.00	=	\$0.00
Claims:									
Independents	3	-	3	= 0	x		\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
							SUBTOTAL:	=	\$770.00
<input type="checkbox"/>							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$770.00

☒ Check number 13916 in the amount of \$770.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

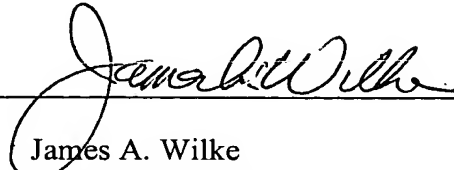
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 4-15-04

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By

  
James A. Wilke  
Attorney for Applicant  
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